

## APPLICATION FOR EMPLOYMENT\*

Local Health Departments of Kentucky\*

# INFORMATION SHEET

We appreciate your interest in employment with the

local health department. So that you will receive full consideration for employment opportunities an

**"Application for Employment" must be completed.**

### COMPLETING YOUR APPLICATION:

SEE THAT YOUR APPLICATION IS COMPLETE AND CORRECT BEFORE YOU SIGN IT. Incomplete applications cannot be accepted. Type or print in ink this application in its entirety.

YOU MAY SUBMIT A RESUME. However an application is required.

**MINIMUM OR SELECTION REQUIREMENTS** are listed in the position announcement.

YOUR APPLICATION WILL BE ACCEPTED ONLY IF IT CLEARLY SHOWS YOU MEET THE MINIMUM REQUIREMENT OF EDUCATION AND EXPERIENCE. The information you give will be subject to review and verification at any time.

### DEADLINE FOR FILING YOUR APPLICATION IN PERSON OR BY MAIL.

If a last day and time for filing is shown in the job announcement, **YOUR APPLICATION AND ANY INFORMATION YOU NEED TO SUBMIT MUST BE IN THE OFFICE LISTED ON THE JOB ANNOUNCEMENT BY THE DATE INDICATED.**

**>>>LATE APPLICATIONS WILL BE REJECTED.<<<**

### CHANGE OF NAME OR ADDRESS:

CHANGE OF NAME OR ADDRESS should be reported in writing immediately to the department you applied and the Local Personnel Branch at the following address:

Department for Public Health  
Division of Local Health Department Operations  
Local Personnel Branch  
275 East Main Street  
Frankfort, Ky. 40621  
Phone Number (502) 564-3796

Include your social security number, former name and address, as well as your new name and address and the title of the position for which you are applying.

*\*"Local Health Departments in Kentucky covered by Administrative Regulation 902 KAR 8:040 through 902 KAR 8:140."*

# LOCAL HEALTH DEPARTMENTS OF KENTUCKY

## APPLICATION FOR EMPLOYMENT

**Equal Opportunity Employer.** No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, national origin, age, marital status, religion, or status with regard to public assistance, disability, or conviction of a felony. Thank you for your interest in employment with us.

**Social Security  
Number:**

			-			-				
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SSN for Record Keeping and Data Processing only

Name \_\_\_\_\_

Last
First
Middle

Present Address \_\_\_\_\_

Street
City
State
Zip Code

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Home or where you can be reached
Business
County

### POSITION(S) APPLIED FOR:

Local Health Department	Local Health Department
Title of Position	Title of Position
Counties of Interest	Counties of Interest
Minimum Acceptable Salary	Minimum Acceptable Salary

### PERSONAL INFORMATION:

If under 18 years of age please provide proof of eligibility to work?

1. Yes ☐ No ☐ Have you ever applied for a position with a Local Health Department before?  
If yes, when? \_\_\_\_\_
2. Yes ☐ No ☐ Have you ever been employed with a local health department before?  
If yes, when? \_\_\_\_\_  
Which health department? \_\_\_\_\_
3. Yes ☐ No ☐ Do you have a relative employed with a local health department?  
If yes, who? \_\_\_\_\_  
Which health department? \_\_\_\_\_
4. Yes ☐ No ☐ May we contact your present employer?

Name \_\_\_\_\_

For Identification Should Application become separated

5. Yes ☐ No ☐ May we contact your previous employer(s)?
6. Yes ☐ No ☐ Have you ever been convicted of any crime, adjudicated guilty of any crime or pleaded guilty to any crime?  
 If yes, identify the crime for which you were convicted, the date of the conviction and the location of the county in which you were convicted. Conviction or adjudication of guilt of a crime will not automatically disqualify you from consideration for employment, but will be considered as part of an overall evaluation of qualifications.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. You will be asked, if offered employment, to verify that you are a citizen of the United States or provide proof that your immigration status permits you to work.
8. On what date will you be available for work? \_\_\_\_\_

**AVAILABILITY:**

1. ☐ Full-time ☐ Part-time ☐ Temporary
2. Yes ☐ No ☐ If required, are you available for travel?
3. Yes ☐ No ☐ If required, are you available to work on call (after normal work hours, Saturdays, Sundays)?  
 \*Some positions may require that you be on call on a rotating basis to provide service after normal working hours or on the weekends.
4. Yes ☐ No ☐ If required, are you available to work overtime during the week?
5. Yes ☐ No ☐ If required, are you available to work overtime on weekends?

**EDUCATION AND EXPERIENCE:**

## Education

1. **High School Graduate** Yes ☐ No ☐ If no, highest grade completed: \_\_\_\_\_
2. Passed High School Equivalency Tests Yes ☐
3. **College Graduate**  
 Yes ☐ No ☐ If no, indicate the level of college completed:  
☐ College Freshman ☐ College Sophomore ☐ College Junior  
☐ College Senior ☐ Master Degree ☐ Ph D
4. Are you currently attending school? Yes ☐ No ☐  
 If yes, anticipated graduation or completion date: \_\_\_\_\_

Name \_\_\_\_\_

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**5. List Colleges and Universities Attended Below:**

Name and Location	Credit Hours Received		Did You Graduate?		Major/Minor Degree Field or Program of Study	Type of Degree Received
	Sem.	Qtr.	Yes	No		

**A COPY OF YOUR COLLEGE TRANSCRIPT IS REQUIRED TO BE SUBMITTED WITH YOUR APPLICATION.**

LICENSES OR CERTIFICATES; Please indicate if you have a license, certificate, or other authorization to practice a trade or profession. **Teachers must show subject area and certification rank. Attach license if licensure is required for position, e.g. nurse, physical therapist, etc.**

Name of Trade or Profession	License Number	Current License Expiration Date	Name and Address of Licensing Agency
Certificate/ License			
Certificate/ License			
Certificate/ License			

**6. List Special Training (Business, Trade, Vocational, Armed Forces Schools):**

Name and Location	Total Hours Completed	Hours Required for Certification	Courses/Subjects Taken	Certificates Received

**7.****KNOWLEDGE / SKILL/ ABILITIES (KSAs)**

List KSAs you possess and believe relevant to the position you seek, such as operating a computer, fluency in language, etc.


Name \_\_\_\_\_

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**PERIODS OF EMPLOYMENT:**

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed attach additional sheets, using the same format as on the application.

1. Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name \_\_\_\_\_

For Identification Should Application become separated

4. Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

5. Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

6. Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name \_\_\_\_\_

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**EEO Survey:**

Although the following information is not mandatory, it is requested to aid the Department for Public Health and the local health department for which you are seeking employment in their commitment to Equal Employment Opportunity. The information in this section will not be used in making any decision affecting potential employment or any personnel action following employment, should you be employed.

POSITION TITLE FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

SEX: Male ☐ Female ☐

Race (Check Only One)

☐ White (Non-Hispanic) ☐ Black (Non-Hispanic) ☐ Hispanic  
☐ Asian or Pacific Islander ☐ Native American ☐ Other \_\_\_\_\_

**CERTIFICATION:**

**I am aware that any omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to the local health department for which I am applying and authorized individuals in the Department for Public Health. This consent shall continue to be effective during my employment if I am hired. I certify to the best of my knowledge and belief all of the statements contained herein and on my attachments are true, correct, complete, and made in good faith.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_